2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 JUL 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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0331014

DOCUMENT # 667235

1. Entity Name
MAXWELL BROKERAGE, INC.

Principal Place of Business	Mailing Address
1268 MANOR DR. S. WESTON FL 33326 US	1268 MANOR DR. S. WESTON FL 33326-2824 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1999253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUSTICE, MICHELINE
1268 MANOR DR. S.
WESTON FL 33326

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JUSTICE, MICHELINE L		NAME	
STREET ADDRESS	1268 MANOR DR. S.		STREET ADDRESS	900003349739--8
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	-08/08/00--01086--003
TITLE	VP	☒ Delete	TITLE	☐ Change ☐ Addition ****150.00 ****150.00
NAME	JUSTICE, MAX R.		NAME	
STREET ADDRESS	1268 MANOR DR. S.		STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR: E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Micheline Justice 7/17/00 954-349-362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

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LOCAL FILE NO

DECEDENT

1. DECEDENT'S NAME — FIRST: Maxwell — MIDDLE: R — LAST: Justice
2. DATE OF DEATH (Mo. Day Year): May 4, 2000
3. SOCIAL SECURITY NUMBER: 265-03-9743
4a. AGE (Last Birthday) (years): 83
4b. DATE OF BIRTH (Mo. Day Year): November 29, 1916
5. BIRTHPLACE (City and State or Foreign Country): Glenwood, Kentucky
6. PLACE OF DEATH (Check only one. See instructions on other side.): XX Residence — Hospital, Inpatient; ER/Outpatient; DOA; Other; Nursing Home; Other (Specify)
6a. FACILITY NAME (If institution, give street and number): 1268 Manor Drive South
6b. CITY, TOWN OR LOCATION OF DEATH: Weston
7a. DECEDENT'S USUAL OCCUPATION: Vice President
7b. KIND OF BUSINESS/INDUSTRY: Winn Dixie Stores
8. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
9. SURVIVING SPOUSE: Michell
10a. RESIDENCE - STATE: Florida
10b. COUNTY: Broward
10c. CITY, TOWN OR LOCATION: Weston
10d. STREET AND NUMBER: 1268 Mano
10e. APT. NO.
10f. ZIP CODE: 33326
10g. INSIDE CITY LIMITS (Yes or No): Yes
11. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes - Mexican, Puerto Rican, Cuban, etc.): X No — Yes — Specify
12. RACE - American Indian, Asian, Black, White, etc. Specify: White

PARENTS

13. FATHER'S NAME (First, Middle, Last): Henry Justice
14. MOTHER'S NAME (First, Middle, Maiden): Mattie Webb

15. INFORMANT'S NAME (Type or Print): Micheline Justice
16. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1268 Manor Drive South Weston, FL 33326

DISPOSITION

17a. METHOD OF DISPOSITION: XX Burial — Cremation — Removal from State — Donation — Other (Specify)
17b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Flagler Memorial Cemetery
17c. LOCATION - City or Town, State: Miami, Florida
18a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
18b. LICENSE NUMBER (of Licensee): 3214
18c. NAME AND ADDRESS OF FACILITY: The Memorial Store, 17790 SW 2nd St. Pembroke Pines, FL 33029

CERTIFIER

19a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): [signature] MD
19b. DATE SIGNED (Mo. Day Yr.): May 5, 2000
19c. HOUR OF DEATH: 9:50 A.M.
19d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Dean Wachtel
20a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title):
20b. DATE SIGNED (Mo. Day Yr.):
20c. HOUR OF DEATH:
20d. MEDICAL EXAMINER'S CASE #:
21. NAME AND ADDRESS OF CERTIFYING PHYSICIAN - MEDICAL EXAMINER (Type or Print): Jay Peitzer, MD 5420 N.W. 33rd Avenue Ft. Lauderdale, FL
22a. REGISTRAR - SIGNATURE AND DATE: May 5, 2000
22b. LOCAL REGISTRAR - SIGNATURE: [signature]
22c. DATE REGISTERED: MAY 11 2000

CAUSE OF DEATH BY CERTIFIER

PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Bronchogenic Carcinoma
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST:
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

23. WAS AN AUTOPSY PERFORMED? (Yes or No): No
24. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No):
25. CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): No
26. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No
27. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED
28. DATE OF SURGERY (Mo. Day Year)
29. PROBABLE MANNER OF DEATH (See 6): Natural, Accident, Suicide, Homicide, or Undetermined
30a. DATE OF INJURY (Month Day Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? (Yes or No)
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Replaces HRS Form 512

JUN 1 2000

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Dosia Owens Chief Deputy Registrar State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

11938188 THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

July 17. 2000

Fla. Department of State
Division of Corporations
P. O. Box 1/500
Tallahassee. Fla. 32302-1500

Dear Sir or Lady:

It is with regret that I was not able to send report and amount on due date.
My husband has passed away on May 4th, see obituary, copy attached. prior to this date he was extremely ill with lung cancer and alzheimers.

Due to intense care-giving on my part, I was not always able to stay on top of all matters.

Would appreciate your indulgence and I have enclosed a check for $150.00.

Thank you so much
Madeline Justice